

Class Enrollment Form Payment Authorization

I hereby request enrollment in the class listed below.

Class Name: _____

Date of Class: _____

Name of Student (print) _____ Fermi id# _____

Institution _____

Experiment/Group _____

Telephone _____ MS# _____

Fermilab Mail Server (FNAL) email address: _____@fnal.gov

Other email address if no final: _____

Advisor/Supervisor _____

I understand that if I fail to attend, no refunds can be given and I am still obligated to pay the amount specified below to be paid by check or credit card unless another student takes my place and takes on this financial obligation.

Signature of Student

Cost for one student: \$_____

Date enrollment returned _____

Amount to be paid by check or credit card \$_____

Transfer the following cost from project/task number _____ \$_____ to the Training and Development Department's budget code TAF. I hereby authorize this cost transfer and affirm that I have the authority to do so. I understand that no refunds can be given if the student fails to attend unless another student takes his or her place and takes on this financial obligation.

Authorization Signature

Print name _____ Fermi id# _____

Please return this form to Dotti Swanson at MS 355 or FAX it to 630-840-6770. The total cost must be paid or authorized for chargeback before you can be officially enrolled and a place reserved for you.